

APPLICATION FOR ADMINISTRATIVE SUBDIVISION

Lancaster County Jurisdiction

ADDRESS OR LOCATION OF PLAT:

PLANNING DEPARTMENT USE ONLY:

RECEIPT NO

DATE

ADMIN SUB #

FEE PAID \$

\$125 + \$25/Lot

SUBDIVIDER:

Name:

Address:

Phone #: ()

OWNER:

Name:

Address:

Phone #: ()

AGENT (Authorized to act on Subdivider's behalf):

Name:

Address:

Phone #: ()

ANY OTHER ASSOCIATES:

Name:

Address:

Phone #: ()

- 1 Does the subdivision propose a new roadway to access any lot? Yes No
- 2 Does each lot abut a public street or private roadway? Yes No
- 3 Are there more than 4 lots, created from any lot, tract or parcel of land? Yes No
- Number of Lots** _____ **Number of Dwelling Units** _____
- 4 Does applicant provide the easements required for utilities, drainage and other improvements?
Yes No
- 5 How will the lots be served for water and wastewater? Public or Private
If private, please attach approval from the City-County Health Department.
- 6 Is a statement attached from the County Treasurer's Office showing no tax liens against the land?
Yes No
- 7 Is a statement attached from the County Treasurer's Office showing that all special assessment installment payments are current? Yes No
- 8 If a dedication for public use is proposed, is a certificate of title or title opinion attached? Yes No
- 9 Is the administrative subdivision consistent with the Comprehensive Plan? Yes No
If not, please attach explanation.
- 10 Is the administrative subdivision in accordance with all the Design Standards, Minimum Improvements, and floodplain? Yes No If not, please attach explanation.
- 11 Does the applicant request modifications as provided by Section 9.01 of the Land Subdivision Regulations?
Yes No If yes, please attach description.
- 12 Have the neighbors been notified of your request? Yes No
- 13 Any other information or comments the applicant wants to provide. Yes No

Applicant's Signature: _____ Date: _____